

## STATE OF NEW MEXICO MICHELLE LUJAN GRISHAM, GOVERNOR

Linda M. Trujillo, Superintendent Victor Reyes, Deputy Superintendent

## **Qualifying Broker Trade Name Affiliation** (For use by Qualifying Broker applicants)

Applicants wishing to establish their own brokerage or affiliate their license with an existing brokerage must complete the information below.

Please select Qualifying Broker status  Supervisory Qualifying Broker (		ing Broker:
Qualifying Broker Applicant Name:		
Corporation Name (if applicable):		
Brokerage Trade Name: Are you a Virtual Office: Yes OI		
Brokerage Location Address:		
City:	State:	Zip:
Brokerage Mailing Address		
City:	State:	Zip:
Brokerage Phone Number:	Business Email Add	lress:
Responsibilities, including	j:	Qualifying Broker Affiliation and elated to real estate transactions processed
through the brokerage;	_	ers and staff affiliated with the brokerage to
	Real Estate License Law and Cor	
	g of real estate or real estate servi	ces conducted on behalf of others by anyone
	ning current written employment rokers affiliated with the brokera	agreements or independent contractor ge.
Signature of Qualifying Broker App Date	plicant:	
Signature of Authorized Corporate	Officer (if applicable):	
		experience as an Associate Broker during the 60-month ervise one or more brokers affiliated with their

